BRIEF

TO

THE MEDICAL SERVICES INSURANCE ENQUIRY

SUBMITTED BY

THE FACULTIES OF MEDICINE OF:

UNIVERSITY OF OTTAWA

QUEEN'S UNIVERSITY

UNIVERSITY OF TORONTO

UNIVERSITY OF WESTERN ONTARIO

NOVEMBER 1963

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SUBMISSION BY THE DEANS OF THE FACULTIES OF MEDICINE OF THE PROVINCE OF ONTARIO TO THE PUBLIC COMMITTEE IN RESPECT TO BILL 163

1. The Deans of the Faculties of Medicine of the Province of Ontario request the Committee to give consideration to the possible effects on medical education of a program of universal health insurance, bearing in mind that the success of any such program depends upon the quality and quantity of professional personnel necessary for its operation.

2. Today the responsibility of the Medical Faculties is to educate the personnel needed for the Health Services of the Province of Ontario. At the same time, the Faculties of Medicine, the University Hospitals and University Affiliated Hospitals are responsible for providing exemplary patient care and conducting clinical and laboratory research. The Faculties of Medicine, with their affiliated hospitals, in fact are Health Science Centres. Their responsibilities may be detailed as follows:

   (1) the education of undergraduate medical students proceeding to the degree of doctor of medicine.

   (2) postgraduate education and training of doctors prior to their taking up the practice of medicine in general, or proceeding to specialists' degrees.

   (3) continuing postgraduate education for medical practitioners both in general and in specialist practice.

   (4) the education of undergraduate and graduate students in basic medical sciences (biochemistry, physiology, microbiology).

(5) a progressively increasing responsibility in the training of ancillary medical personnel including nurses, occupational and physical therapists, laboratory technologists and others.

3. As well as carrying out the above responsibilities, a University Medical Faculty must meet other requirements:

(1) continuing progress in medicine demands that research both in the basic sciences and in the clinical aspects of medicine be maintained at a high level.

(2) there must be assurance that in the clinical teaching of medicine adequate numbers of doctors with exceptional abilities in the practice of medicine, teaching and in clinical research will be available in university teaching hospitals.

(3) The care of patients in university teaching hospitals shall always be of the highest quality and exemplary within the profession.

4. During the past twenty years there has been an explosive progress in the science of medicine, as with science in general. Thus, to maintain the high standard of quality of patient care associated with the medical faculties and university teaching hospitals, certain conditions must be met:

(1) An increased number of geographical fulltime and part-time clinical teachers and investigators are required.

(2) There must be sufficient numbers of patients in university hospital outdoor and indoor departments consistent with optimal levels of medical education.

5. The obstacle to achieving these aims is to a significant extent the lack of funds presently available to the medical faculties to meet the necessary requirements for clinical teachers and for research in modern day medicine.

6. Bill 163 would partly alleviate this problem, in that remuneration to licensed medical practitioners would be made for medical services rendered to patients in teaching wards or units, or outdoor clinics of university hospitals or affiliated hospitals. These patients at present, are cared for without charge.

7. The medical faculties will, however, find it necessary to continue to make representation to appropriate authorities to overcome the deficiency in resources with which to pay professional staff for the time devoted to medical teaching, research and administration.

8. In addition, it is essential that consideration be given in Bill 163 to ensuring that the number of available patients for teaching in university hospitals should not be diminished. A decrease in numbers would affect adversely the proper education of the doctors and other paramedical personnel for our Health Services of the future.

9. RECOMMENDATIONS:

(1) That university teaching hospitals or affiliated hospitals should establish clinical teaching units, divisions or services, both inpatient and outpatient, on the basis recommended by the Association of Canadian Medical Colleges, (see appendix A and appendix C).

(2) That medical benefits to patients under any major or limited standard plan of prepaid medical insurance should include payments for professional services rendered by a licensed medical practitioner in such designated clinical teaching units, services and divisions. (see appendix B)

(3) That funds received for the care of patients in a teaching unit (in-patient or out-patient) should be distributed among the physicians participating in the work of the unit in a manner to be decided by them in consultation with the university, it being understood that this type of practice carries with it both teaching and research responsibilities.

(4) Recognizing the importance of full-time clinical teachers to the faculty of a medical school, it is recommended that funds in addition to those now available be provided from educational sources for the payment of the basic salaries of such teachers, according to the proportion of their total professional effort devoted to teaching, research and administration, appropriate to their position.

APPENDIX A.

Definition of a clinical teaching unit proposed by The Association of Canadian Medical Colleges,

"Clinical Teaching Unit: A clinical teaching unit, division or service, which may be an entire hospital or a designated hospital area, is one providing undergraduate and graduate medical education, not limited to the interne year, under the auspices of a Faculty of Medicine of a Canadian University. The medical staff of a teaching unit, division or service, is to be jointly appointed by the university and the hospital. This staff is to be organized into departments, the heads of which are similarly jointly appointed by the university and the hospital. The care of the patient in a teaching unit, division or service, is the function of the team of staff physician, resident interne and clinical clerk, based on the principle of graded responsibility commensurate with competence and level of training."

APPENDIX B.

Details governing the application of the schedule of fees to medical services provided in clinical teaching units.

I Remuneration:

Remuneration from medical services insurance for necessary specialists' services in such units should be on the same basis as applies in private practice, e.g.,

a) the specialty tariff will apply only to referred patients.

b) the general tariff will apply:-

(i) to all outdoor clinics except those specialty clinics in which referral is mandatory.

(ii) to patients admitted from the ante-natal clinic where the obstetrical problem remains, as anticipated, uncomplicated.

(iii) to patients not previously referred by a competent referring agency.

II Referral:

(i) Patients may be referred to an in-patient teaching unit or to a specialty outpatient clinic by:-

- a private practitioner, general or specialist
- a physician working in a general out-patient clinic.

- a physician working in an emergency department.
- a physician working in another specialty clinic (outpatient) or unit (inpatient).

(ii) Patients may attend university outpatient clinics without referral.

III Outpatient Clinics:

A. General Clinics.

It will be noted that some of the clinics mentioned as general medical clinics offer, in fact, something of a specialist service. The ante-natal clinic is a case in point. Most patients attending an ante-natal clinic are proceeding through a relatively uncomplicated pregnancy and could be managed by a general practitioner. Where complications of significant severity arise, it is felt that a patient would be referred out of the general ante-natal clinic into a specialty obstetrical clinic, exactly as would obtain under the same circumstances where the general practitioner might, during the course of a pregnancy, require consultation or specialist help if complications arose. The same comments could apply to well-baby clinics, emergency units or similar clinics which are, in fact, providing basic general practitioner services. It is

hoped there will be a significant proportion of general practitioners on the staffs of these clinics.

B. Specialty Clinics

(i) It is to be noted where specialty clinics are available and where formal referral is mandatory for patients' attendance at such clinics, it is recommended that the specialist, rather than the general tariff, apply.

(ii) The only essential would be to ensure that the referral of the patient was an acceptable referral. The basis of referral to a specialty clinic must be that of genuine medical necessity rather than the augmentation or facilitation of teaching or research programs at the undergraduate or postgraduate level.

(iii) It is felt that some definition of an acceptable referral should be made. Obviously these clinics should be made available to the patients of local practitioners on referral. Equally, the general screening clinics and the emergency clinic should be permitted to refer problems of special complexity or requiring particular technical assistance. In addition, following the normal routine of practice, a patient could legitimately be referred from one specialty clinic to another. It should be clearly under-

stood, however, that when a patient is referred to a specialty clinic only because of peculiar teaching value, or when consultation is sought because of pure interest in the case rather than because of medical need for the specialist, no charge should be made.

IV Consultations by Specialists in Clinical Teaching Units:

(i) Consultation implies the issuing of a written report. Payment should be made for consultations required by medical necessity and this should also include those that are required by statutory regulations under the Public Hospitals Act.

(ii) Inter-department consultations should be remunerated. One consultation only may be paid for within the single department; where sub-departments or clinical teaching services exist within a major department, referrals between these sub-departments will be separately remunerated on the same basis, i.e., only one consultation within the sub-department.

(iii) Payment should be made only for investigations and therapies based on legitimate medical needs. Tests and/or consultations carried out for purely research purposes should not be insured items.

V Fees Collected for Medical Services in Clinical Teaching Units.

(i) The method of billing shall be carried out according to local agreement of the medical staff, but the name of the doctor responsible for the services shall be included on the bill.

(ii) The fee shall accrue to the medical professional staff to be redistributed according to local formula as determined by the medical staff.

(iii) Recognizing that outpatient clinic medical staffs have use of certain ancillary services and facilities provided by the hospitals, the clinic medical staffs locally may enter into arrangements whereby the hospitals may be reimbursed for a reasonable portion of these.

(iv) It shall be made clear that the term "full time clinical teacher" applies in geographical sense, and not in respect to salary, as no university clinical teacher can receive reimbursement through the university for patient care.

APPENDIX C

A Report Concerning Outpatient Departments in Teaching Hospitals and the Proposed Provincial Medical Care Insurance Programme

I. Outpatient Departments are essential in medical education and must be preserved. These departments offer several unique advantages:

(a) Most patients prefer, when feasible, to have medical care provided with the least disruption to their activities at home and at work. Medical care in the bed of a general hospital is expensive ($30.20 per day minimum under the Ontario Hospital plan). In the Outpatient Department a strong effort is made to carry out diagnostic investigation and treatment without admitting patients to hospital beds. To keep patients ambulant it is often necessary to know a good deal about their personal circumstances at home and at work, with the result that students see the reason for considering these practical, psychological and social implications of illness.

(b) For the only time in his undergraduate career the medical student working in the O.P.D. is personally concerned (under the supervision of a staff physician(with the welfare of the patient. What the student does, matters. This responsibility spurs the student to learn, compels him to be careful and to weigh facts judiciously in arriving at decisions.

(c) In the O.P.D. patients new to the hospital first are examined by students in the privacy of individual offices. Patients accept students as medically-trained persons trying to help them. Here personal information is obtained more

spontaneously than on the ward. Here the information obtained by the student, after confirmation and amplification by the staff doctor, forms the basis for decisions about diagnosis and treatment. On the ward after a patient has been seen by an interne, an assistant resident, perhaps a fellow, and a staff physician he may look upon his examination by the student as an unnecessary imposition which will not promote his recovery.

(d) The circumstances of work in a Clinic force the student to make up his mind on the basis of his clinical findings. The student learns to select laboratory tests carefully, knowing however that all the facilities of a large teaching hospital are at the disposal of his patient and himself. Since patients need and expect some explanation of their illnesses, students learn to discuss medical conditions with patients and their relatives in a tactful, reassuring way which increases the confidence of patients in the medical care they are receiving. In treatment and rehabilitation use is made of the many agencies and facilities in the community e.g. visiting nursing services, the C.N.I.B., the Occupational Therapy Centre. Students learn that doctors provide better treatment for patients if these community agencies are utilized.

(e) In the Clinic the teacher (staff physician) and the student necessarily become involved in a mutual discussion of the problem of the patient. The Socratic method of promoting learning can be used to great advantage. In this setting lengthy didactic dissertations on the part of the staff are out of place.

(f) Experience in the Clinic resembles private office practice and allows students to cope with some of the problems of this type of medical service.

(g) With regard to postgraduate education O.P.D.'s have an important place in teaching and clinical investigation. The pressure on general hospital beds is unlikely to be alleviated for a long time. Many patients with serious and complicated illnesses must be cared for outside hospital wards. The doctor-in-training needs supervised experience in this type of office practice. Opportunities for studying diagnostic techniques and results of treatment in ambulant patients are abundant. For these reasons the out-patient department should be a strong component of any teaching hospital.

II. At present Outpatient Departments are handicapped by annual deficits. The biggest single item is the cost of drugs which indigent patients are unable to afford. Many patients pay nothing for drugs and x-ray examinations; some pay a fraction; few pay the whole cost.

Approximate Costs of Operating Outpatient Department of a large University Hospital in 1963

REVENUE

Province of Ontario Grant	84,924 visits x $1.50	$ 127,386	
Paid by patients		15,355	
Received for dental work		12,406	
Received from patients for medicine and drugs		48,756	
Miscellaneous		960	
Total Revenue			$204,863

Total Revenue (forward)		$ 204,863
EXPENSES		
Salaries, supplies, medicines and drugs	$ 269,124	
Cost of laboratory and x-ray services not paid for by patients	197,003	
Total Expenses		$ 466,127
Deficit		$ 261,264

III. At present it is difficult to find medical personnel to work in the O.P.D.

The voluntary, unpaid status of most doctors in Outpatient Clinics, while admirably altruistic, leads to difficulties. These doctors may work 8 hours per week in the clinic. They do so for several reasons. First they have a sense of obligation to do something for the poor. Second they enjoy the opportunity to learn from their colleagues on the staff of the teaching hospital. Third, they enjoy teaching medical students and the stimulus of associating with them. Although the sentimentalist might like to see this situation continue, it must be realized that there is increasing difficulty recruiting doctors to staff the clinics. There are a number of reasons for this. The increasing size of the city results in more young doctors settling in the suburbs, miles away from the downtown teaching hospitals but near the community, non-teaching hospitals (which usually have small Outpatient Departments). These doctors are affiliated with their suburban hospitals and attend their staff meetings. A doctor who begins to practice is likely, at first, to have spare time. Nowadays a variety of part-time paying positions are available,

e.g. with insurance firms or as industrial physicians. Such employment may appear more attractive than working in an Outpatient Clinic. The lack of sufficient, interested doctors to staff clinics under present conditions is a serious situation which can result in inferior care being given to outpatients relative to inpatients, and a lower calibre of teaching in the clinic than elsewhere in the teaching hospital.

IV. Under a comprehensive Medical Care Insurance programme O.P.D.'s will compete for patients (referred and non-referred) with community doctors.

V. Principles to ensure that O.P.D.'s are able to continue under a programme of Medical Care Insurance

i) Insured patients should be permitted to attend an O.P.D. either on referral of a physician or at their own request.

ii) The number of patients admitted to the O.P.D. of a teaching hospital should be no more than is necessary for undergraduate and postgraduate education, and for clinical investigation in that teaching hospital.

iii) Fees are to be collected from patients attending O.P.D.'s according to the fee schedule agreed on in the Act.

The manner in which the schedule of fees shall be applied in the Outpatient Departments is fully covered in Appendix B.